A CASE OF *BALANTIDIUM COLI* DYSENTERY

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Human balantidiasis has been considered extremely rare, but I believe is less so than is usually supposed. Strong (1905) was able to find only 125 reported cases. Walker (1913) claims that "In the Philippine Islands, however, parasitizations with this protozoa appears to be relatively prevalent. The first case here (P. I.) was by Strong in 1904. Subsequently a few cases were reported, notably three fatal cases with necropsy by Bowman (1909 and 1911). Willets (1913) found two cases in examination of 400 stools, and I (Walker) found two cases in the examination of 48 stools. Thirteen cases have been observed in the Philippine General Hospital. In the Bilibid Prison, thirty-five cases have been found in the last two and a half years, an average of more than one a month. From March 4 to March 25 of the present year (1913), eight new cases of parasitization with the protozoan were discovered. However, on account of the infrequent appearance of the parasites in the stools of infected persons and the absence of clinical symptoms in many of the cases, it is probable that parasitization with *Balantidium coli* is frequently overlooked in the routine examination of stools."

For a classical and full description of the etiology and pathology I know of nothing equal to this article of Walker. And anyone interested should obtain that article; but I feel that some of his conclusions are important enough to be quoted here.

"*Balantidium coli* was never found entering the tissues through the lesions in 10 parasitized monkeys having a colitis or ulcerations due to bacteria or other causes.

"In those monkeys in which infection took place, the balantidia *entered the tissues through the sound intestinal epithelium.*

"*Balantidium coli* produces bacteriologically sterile abscesses in the submucosa of an infected intestine.

"*Balantidium coli* is the primary etiologic factor in the symptoms and lesions of balantidial dysentery.

"The latency prevalent in balantidiasis of man is due chiefly to the fact that the patient, although parasitized, is not infected with *Balantidium coli,* but in part to the chronicity of the ulcerative process in infected cases.

"*Every person parasitized with Balantidium coli is liable sooner or later to develop balantidial dysentery.*"

In my routine examination of stools I have seen several infections with this parasite, but I was misled by statements in some of the older books that parasitization with this parasite was of no clinical importance, so I made no record of the number of infections noticed. And so far I have only seen this one case in which there was any serious symptoms.

CASE. E. B., male, aged 30, a Danish missionary in Southwestern Yunnan Province, China. He had been living in most unhygienic surroundings, having a Chinese family, including all their pigs, etc., occupying a part of the same house. Flies in enormous numbers swarming on his food at meal time. He had brought his wife to me for confinement. He was a strong, well nourished individual and boasted that he had never taken a dose of medicine. While here he came down with an attack of malaria fever. He was convalescing from this when he began having dysenteric stools. In appearance and odor these seemed to be a typical case, and as amebic dysentery is endemic here I naturally suspected that. He had from twelve to fifteen movements in twenty-four hours. He did not tell me until the third day of his disease, he seemed to be ashamed that he was ill. I then made a microscopical examination of the stools and found them swarming with *Balantidium coli*. I could find no ameba either active or encysted and the specimen seemed almost free of bacteria.

Treatment.—Being at a loss as to a specific against this infection, my mind naturally turned to the weapons used to fight amebic dysentery. At the suggestion of Dr. M. E. Barnes of the International Health Board (Rockefeller Foundation), Chiengmai, I had been trying the oil of chenopedium as an amebacide in amebic dysentery. His suggestion was to give the oil in solution with castor oil by mouth. I had modified it by dissolving it in olive oil and giving 50 to 60 minims in a half ounce of olive oil injected just inside the internal sphincter and I had found that reverse peristalsis soon relieved the desire to go to stool. It seemed logical that as this disease is entirely a disease of the lower bowel.the results should be quicker and more efficacious as the drug used would not be subjected to the chemical laboratory actions of the entire alimentary tract and would be in higher concentration. So I gave him an enema of 60 minims oil of chenopodium in half an ounce olive oil. He retained it two hours. The very first movement had fecal matter in it. The second was a formed motion. Next day he was apparently well. Had only two motions both formed and no blood or mucus to the naked eye. The third day I found a few very sluggish Balantidia in his stool and repeated the same enema. Six days later he had a slight relapse but reported it at once and I gave him a third dose. He left me three weeks later with no symptoms and the stools were negative on several examinations. I feel that there is a grave chance of a return of his trouble, but I wish to bring before my colleagues this fact, that he made such a rapid and complete symptomatic recovery and that without any particular restriction of diet except to withhold fruits and coarse rye graham bread for a few days. I fully realize that this was a purely empirical treatment and I pass it on that others may do the scientific experimenting with this drug. The main thing to me or any practitioner was, my patient got well.

PAPERS CITED

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